

Virtual Retreat Stakeholder Consultation for COP 21 Planning

26 January 2020

Topics	Speakers
Opening / Introductory Notes	Abigail Dressel (Deputy Chief of Mission, Embassy of the United States of America) Jacquelyn Sesonga - PEPFAR Dr. Francisco Mbofana - CNCS
Presentation and Facilitation	Jacquelyn Sesonga Dra. Benigna Matsinhe Dr. Francisco Mbofana
Overview	Jacquelyn Sesonga - PEPFAR
Updates on National Implementation and Priorities	Dr. Irénio Gaspar - MOH
Summary of the NSP V	Dr. Leonardo Chavane - CNCS
Summary of Global Fund Application	Dr. Francisco Mbofana - CNCS
Final Considerations	Jason Bowman - OGAC HQ Jacquelyn Sesonga - PEPFAR

Introductory Notes:

Abigail Dressel (DCM): She thanked everyone for their presence, and mentioned that it would be better if the meeting was in-person, but the Pandemic forced it to be virtual. She hopes that everyone is at home and in good health.

"For over 20 years, the United States Government, on behalf of the American people, has been working closely with the Government of Mozambique and our international and civil society partners to fight the HIV/AIDS epidemic in Mozambique. Together, we have achieved significant progress and saved countless lives. We remain committed to our partnerships and to supporting Mozambique and all Mozambicans as we work together to achieve pandemic control.

However, as we all know, this year we face new and unprecedented challenges due to the COVID-19 pandemic. We had already said that our meeting today is an example of not being able to be together, but at least we can meet through zoom.

The pandemic has affected us all deeply and made our work even more challenging. In particular, many members of vulnerable groups in Mozambique still do not have sufficient access to prevention, health care, and treatment services. The interruptions caused by the COVID-19 pandemic have disproportionately affected these groups and exacerbated existing inequalities. We recognize the crucial importance of reaching these vulnerable groups. But despite all the challenges, we have adapted,

overcome obstacles, and continue to move towards uninterrupted access to HIV/AIDS services for all Mozambicans. In many ways, this pandemic has shown how versatile and resilient we are, and highlighted the essential importance of international cooperation and partnership. We are now all more connected than ever.

I am extremely proud of the capacity to adapt and the tenacity of all of us, and the organizations we represent have demonstrated this year by fighting the dual epidemics of COVID and HIV/AIDS. I am confident that by facing these challenges, we will emerge stronger. I also think it is worth acknowledging our healthcare colleagues who are working day and night in medical centers and health facilities to fight COVID. I would like to express on behalf of the United States Government, and on my part, the admiration and appreciation for your work. Thank you very much, we really appreciate and admire the work you are doing.

This year we are looking at COP 21. As we all know, and as we have done in previous years, the COP is an opportunity to assess where we are, to appreciate our achievements, to think about how we can improve and serve the people of Mozambique more effectively, and to assess how we can further strengthen our relationships with our key partners: all of you. This year, we particularly want to align our Plan with the new National Strategic Plan for 2021-2025. Our objective is to create a plan that will support the Mozambican people as we move towards epidemic control and a future free of HIV/AIDS.

To create a solid plan, we must listen and follow the leadership of those who best understand the challenges and opportunities facing Mozambique. This includes civil society and members of key populations, including women, youth, and people living with HIV. It also includes enabling communities to lead the response because they know best how to reach and communicate with their neighbors, schools, and churches in ways that reach those at risk.

All their voices are critically important to this task. I want to thank and congratulate you for participating in this discussion and for helping us to create this plan and support the people of Mozambique.

Over the next two days, I encourage you all to participate, share your opinions and stories and get involved in these discussions. Only with your voices and participation will we be able to be effective in this conversation.

Once again, I would like to thank you all for joining us here today. We look forward to many productive discussions that will lead to a solid COP 2021 and lay the groundwork for us to move forward while we pursue our common goal of ending the HIV epidemic in Mozambique.

I wish you all very good work, much health and once again thank you for your commitment.

Thank you and good afternoon."

Overview: Jacquelyn Sesonga



PEPFAR
U.S. President's Emergency Plan for AIDS Relief



Retiro Virtual de Consulta de Parceiros Para a Planificação do COP 21

COP 21 Stakeholder Consultation Virtual Retreat

Janeiro de 2021 / January 2021

17 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Agenda: Terça-feira 26 / Tuesday 26th

	Sessão Session	Apresentador/ facilitador Presenter/ Facilitator	Participantes Participants
1400 - 1415	Retiro de Consulta das Partes Interessadas do COP 21 - Abertura <i>COP 21 Stakeholder Consultation Retreat Opening Remarks</i>	Vice-Embaixadora dos EUA & Secretário Executivo do CNCS <i>DCM US Embassy & Secretaria Executiva do CNCS</i>	Aberto aos intervenientes de todas partes <i>Open to all</i>
1415-1420	Visão Geral da Agenda & manutenção <i>Agenda Overview & Housekeeping</i>	PCO	
1420- 1530	Actualizações sobre Implementação Nacional e Prioridades <i>National Implementation Updates & Priorities</i>	Programa do HIV do MISAU <i>MISAU HIV program</i>	
1530 - 1545	Intervalo / Break		
1545 - 1615	Sumário do PEN V <i>Summary of PEN V</i>	CNCS <i>NAC – National AIDS Control Committee</i>	
1615-1700	Resumo do Pedido de Financiamento ao Fundo Global <i>Summary of Global Fund Funding Request</i>	MCP/CCM <i>Global Fund Country Coordinating Mechanism</i>	

Agenda: Quarta-feira 27 / Wednesday 27th

	Sessão Session	Facilitador Facilitator	Participantes Participants
1000 - 1100	Reunião com as partes interessadas da sociedade civil <i>Meeting with civil society stakeholders</i>	Civil Society Engagement Team	Representantes da Sociedade Civil e GTT CCSE <i>Representatives from Civil Society and CCSE TWG</i>
1400 - 1410	Abertura / anúncios <i>Opening / announcements</i>	PEPFAR	Aberto aos intervenientes de todas partes <i>Open to all</i>
1410-1530	Apresentação das Prioridades da Sociedade Civil <i>Civil Society presentation of priorities</i>	PLASOC-M e outros grupos da sociedade Civil. <i>PLASOC-M and other civil society groups</i>	Aberto aos intervenientes de todas partes <i>Open to all</i>
1530 - 1545	Intervalo / Break		
1545 - 1645	Visão geral da Carta de Nível de Planeamento e Processo do COP 21 <i>Overview of COP 21 Planning Level Letter & COP 21 Process</i>	PEPFAR	

Agenda: Janeiro / January 28 – 29

Date	Agenda
Quinta-feira / Thursday 28	<ul style="list-style-type: none"> 0900 – 1200 Reuniões das Equipas Técnicas / <i>Technical Team Meetings</i> 1330 – 1530 Discussões dos Grupos Específicos da Sociedade Civil (população chave e líderes religiosos) por convite so 1330 – 1530 Discussões focalizadas / Focused Discussions <input type="checkbox"/> Tema 1: Circoncisão Masculina 1600 – 1645 Reunião com as partes interessadas da sociedade civil / <i>Meeting with Civil Society</i>
Sexta-feira / Friday 29	<ul style="list-style-type: none"> 0900 – 1200 Reuniões das Equipas Técnicas / <i>Technical Team Meetings</i> 1330 – 1530 Discussões focalizadas / Focused Discussions <input type="checkbox"/> Tema 2: Populações Chaves <input type="checkbox"/> Tema 3: Pediatria 1600 – 1645 Reunião com as partes interessadas da sociedade civil / <i>Meeting with Civil Society</i>

Agenda: Fevereiro / February 1 - 2

Date	Agenda
Segunda-feira / Monday 1	<ul style="list-style-type: none"> • 0900 – 1200 Reuniões das Equipas Técnicas / <i>Technical Team Meetings</i> • 1330 – 1530 Discussões focalizadas / <i>Focused Discussions</i> ❑ Tema 4: <u>Alcançar e Reter os Homens em Tratamento</u> ❑ Tema 5: <u>DREAMS e COVs</u>
Terça-feira / Tuesday 2	<ul style="list-style-type: none"> • 0900 – 1200 Reuniões das Equipas Técnicas / <i>Technical Team Meetings</i> • 1000 - 1200 Sessão de Planeamento Estratégico com equipa do Fundo Global / <i>Strategy Planning Session with the Global Fund Team (por convite so)</i> • 1330 – 1530 Discussões focalizadas / <i>Focused Discussions</i> ❑ Tema 6: <u>Utilizacao dos dados para decisoes – investimentos nos sistemas de informacao</u> • 1600 – 1645 Reunião com as partes interessadas da sociedade civil / <i>Meeting with Civil Society</i>
Quinta e Sexta-feira / Thursday and Friday 4 & 5	<ul style="list-style-type: none"> • Espaço para mais discussões técnicas conforme necessário / <i>Space for further technical discussions as needed</i>
Segunda-feira / Monday 8	<ul style="list-style-type: none"> • 1400 – 1600 Reunião de Directores do MISAU / <i>MISAU Directors' Meeting</i>

Update on the National Implementation and Priorities_HIV Program of MOH_Dr. Irénio Gaspar/Dr. Benigna Matsinhe

Link to the full slide deck: <https://mz.usembassy.gov/pt/our-relationship-pt/pepfar-us-presidents-emergency-plan-for-aids-relief-pt/country-operational-plan-pt/>



HIV/SIDA

“Solidariedade Global, Responsabilidade Partilhada”

COP 21 Reunião de stakeholders

Dia 26 de Janeiro, 2020

Maputo, Moçambique



Conteúdo

1. Introdução
2. Epidemiologia de HIV
3. Onde Estamos ?
4. Desafios
5. Perspectivas
6. Prioridades para o COP21

Questions and comments:

Dimitri Peffer: where can we find the specific schedule of the technical team meetings for the 2nd of February from 9am to 12pm?

Maputo PCO-Maggie: Great question Dimitri! We are finishing the links of the meeting and will send them after this meeting today or tomorrow morning. The links will be listed in the calendar invitations for TWG meetings as well. Finally, they will also be published on the Embassy's website with all other documents.

Ferruccio Vio: Are all children diagnosed with HIV (55%) on ART?

Dr. Irénio: Theoretically yes, all children diagnosed with 55% are on ART but in practice it is a bit difficult. I appreciate the question, so I will check the data from the slide again, since something is not clear on them.

Joaquim Manhique:

1. Does improving the capacity of Key Populations CBOs mean (1) advocating with PEPFAR or (2) PNC STI/HIV empowering them?
2. For the laboratory, will the PNCT/PNC STI/HIV continue to rely on the INS to run PCR for Covid-19? If yes, is there a plan for the INS to enter the country? If not, is there a plan to integrate the Covid-19 diagnosis into the US GeneXpert?

Answer (Dr. Irenio and Dr. Beninga):

1. It's a bit of both, the CBOs must advocate for the community activities they carry out, and these need funding for the key population. Once you have the advocacy funds available, we train them
2. There will be expansion of Covid-19 testing and GeneXpert is already being used for this.

Amade Suca: Good afternoon. Congratulations Dr. Irénio for the presentation. Very informative. Just one question: I didn't see as priority the reinforcement of the HR component.

LAMBDA: Good afternoon. I would like to understand for the key populations, which population group do you have difficulties in reaching?

In fact there is difficulty in reaching all key population groups, the identification of the KP is a great challenge for the healthcare providers in the Health Facilities. Even with the participation of Lambda members and activists, it is still difficult to reach through to the HF, and most of them have no answer.

Comment: Good afternoon. Dr. Irenio, thanks for the clarification, LAMBDA reaffirms its willingness to continue to contribute to reach the key population with a focus on MSM.

The Liwoningo Association in Inhambane would like to understand how the self-testing process will work. How will it be monitored, and what will the disclosure system be?

For self-testing, at this moment a pilot is being carried out, and once we have the conclusions of this pilot, we will analyze and verify what monitoring and evaluation mechanisms and reporting mechanisms we will use (in principle it will be the ATS). We should still see what the specifics for the reporting will be.

AMachado: Is widespread community dispensation of ARVs a priority or not?

Yes, it is, it is on the retention, care and treatment slide, within the differentiated models, where it has as priority to consolidate the HF models as well as the community models. It is in these models that we have community dispensaries and these are a priority since they reach the patients that we cannot reach in the HF.

PLHIV MCP: During the presentation, the level of stigma and discrimination in health facilities was discussed. Wouldn't this be associated to the level of abandonment of patients in ART? What would be the strategy of MOH to combat this problem?

AMachado: Is a package of communication and education of the population for behavioral change vis-à-vis COVID-19 a priority of the Government at this COP or not?

Yes, it is also part of the HIV communication package that comes from prevention, care and treatment.

Comments: *Momed Mussagy:* Good afternoon. Just one comment, but congratulations first. Let us not forget that in electronic information systems, the aspects of computer infrastructure and also the need for technical assistance (repair) with the involvement of provincial computer colleagues should be considered.

NSP V Summary

NSP V Summary: Dr. Leonardo Chavane/Dr. Francisco Mbofana

Link to the full slide deck: <https://mz.usembassy.gov/pt/our-relationship-pt/pepfar-us-presidents-emergency-plan-for-aids-relief-pt/country-operational-plan-pt/>



REPUBLICA OF MOZAMBIQUE
NATIONAL AIDS COUNCIL
EXECUTIVE SECRETARIAT

Sumário do PEN V

Content for the Presentation

- HIV situation in Mozambique
- Progress and challenges of HIV Response Including NSP IV
- Mission, Principles and Critical Success Factors
- Objectives, expected results and priority areas
- Performance chart (indicators and targets)
- Funding

Questions and comments:

Comments:

Jacky: Thank you very much for your presentation, please ask CNCS to reply to some messages in the chat and we will move on to the Global Fund. Dr. Mbofana.

Dr. Mbofana: Thank you Dr. Chavane for the presentation.

Questions:

Della Mercedes: Congratulations on the well-structured document and the focus on the response to GBV in State Budget 3 and 4, State Budget 1 (reduce new infections) highlights the greater number of new infections in AGYW and the possible increase due to instability, I think that OE1 should include actions to mitigate GBV that demands services later on ex: Post Exposure Prophylaxis (PEP) and creating demand in the community for post GBV care

Answer: Dr. Mbofana: It is very difficult to show the different interventions for various purposes. With regard to GBV, however, it is also addressed in Objective 1, with regard to structural interventions. This is because it has been suggested that the interventions based on evidence/human rights and the high impact of combined prevention should be expanded. And the issue of prevention of GBV at the community level is foreseen in the structural interventions in State Budget 1 and it is mentioned again in Objective 3 as a social and structural policy. GBV is a human rights violation and therefore it is reflected in State Budget 4. And all THIS aims to maximize the access and use of services. It is clear that PrEP is an approach, but this approach will only have a greater impact if those barriers that prevent girls from using the services are reduced.

Roberto Paulo (LAMBDA): Good afternoon. Dr. Chavana, thank you for the presentation. With regard to the weak institutional capacity of Civil Society Organizations, I got the impression that the action will be

capacity building only for PLHIV organizations, but organizations of key populations are also in sub-optimal situations and also need to be trained so they can make the expected contribution.

Answer: Dr. Mbofana: The goal is to involve PLHIV and other priority populations that are also to have priority Populations and KP are part of these priority populations. Even the question of transgender people is an issue that in several comments indicated that they should be included.

Comment: Joaquim Manhique: LAMBDA, all CSOs/OCBs, regardless of their constituency, suffer from these limitations.

Ferruccio Vio: Thank you very much Dr. Chavane, for the very detailed and well-explained presentation. Questions: How does the epidemic trend in Mozambique compared to neighboring countries? Can we learn something?

Answer: Dr. Mbofana: about the trend of the epidemic in relation to other countries, the news is not very good, for example South Africa which recently had the highest levels of new infections in 2010 was about 280,000 infections, but in the last 10 years, between the period 2010-2019, have reduced infections by about 60%, compared to the Region's infections which remain high despite a reduction of about 34%. But the country still remains in an uncomfortable position.

Ferruccio Vio: Is there any strategic change that differentiates this NSP from the previous NSP(s)?

Answer: Dr. Mbofana: In relation to NSP, we are trying to give opportunities to the different stakeholders, but more than having a NSP, it is its operationalization and for this reason we are advocating for plans at the level of the public/private/provincial/district areas and these are the operational plans that translate the plans into reality. And in this NSP we have a relatively different intervention.

Previously the NSP stated: "The health sector has to work at school level, but it did not clearly state what should be done and in this NSP this is already foreseen. And this NSP already contains an area that analyses why certain areas of the NSP IV were not carried out.

Comment: Ferruccio Vio: Thanks Dr Mbofana for the comments. We hope to be able to operationalize the plan. It is important to analyze the results of the previous NSP as the basis for the current NSP.

AMachado: One of the challenges of the country is the integrated HIV Literacy in the management of socio-cultural nuances and masculinized norms. How we see ourselves as Fathers in embracing this challenge.

Response: Dr. Mbofana: When it comes to literacy, there has to be an effort to use all available means to increase literacy. And if affected/or high-risk individuals are part of this process, there is a possibility of greater success, because what has happened is a prescription and usually when the individual involved in the use of a certain service does not identify with it, the probability of using the service is very low. Therefore, the issue of involving the communities of affected/infected people is not an option, but it is a necessary one in order to maximize our results.

The NSP is a very long document, but this was the summary of the main aspects.

Summary of the Application for Funding to the Global Fund _MCP/CCM_Dr. Francisco Mbofana:

Link to the full slide pack: <https://mz.usembassy.gov/pt/our-relationship-pt/pepfar-us-presidents-emergency-plan-for-aids-relief-pt/country-operational-plan-pt/>



MOZAMBIQUE' S FUNDING APPLICATION TO THE GLOBAL FUND FOR TB/HIV INTERVENTIONS

Partner Consultation for COP21 Planning



CONTENT FOR THE PRESENTATION

- National Dialogue
- Country Context
- Lessons Learned
- Financing Priorities
- Budget
- Expected Results

Questions and comments:

There was greater involvement of priority people and it was a virtual meeting with a very high level of participation and productivity

Belmiro Sousa: Thank you Dr. Mbofana for the presentation. Could you specify the service package for groups of orphans?

Answer: Dr. Mbofana: This information can be provided; we don't have it in detail for the package at the moment.

Comment: AMachado: One of the challenges of the prevention program is to ensure that we do not discontinue the provision of all prevention inputs (gel lubricant, female and male condoms).

Final considerations:

Jacky: I would like to take this opportunity to introduce the new OGAC Chair (PEPFAR HQ) who will start working with the Mozambique team, replacing Heather Watts who was the previous OGAC Chair.

Jason Bowman Office of Global AIDS Coordinator:

"Good afternoon everyone. I want to thank you all for joining us today and thank our Partners and colleagues from CNCS, MOH, UNAIDS, Global Fund and Civil Society for their participation. As mentioned, I will be replacing Heather, who has entered into her wonderful years of retirement.

I have been with OGAC for almost a decade and have held certain positions as president of certain programs in Uganda and Namibia for several years, so I am quite familiar with this process. Unfortunately, I cannot attend in-person due to travel restrictions. But I am very excited to be able to work with the Mozambique program and support our team in the field and work collectively towards the 95-95-95 goals.

I have witnessed much success in recent years in Mozambique's programs, real growth in treatment and also in response to the Covid-19 pandemic and the expansion of several months' dispensation.

We also know that there are still many challenges. I will not mention them all today. I think our colleagues in the Ministry, the Global Fund, and others have commented on them, but I think there is an opportunity to continue to expand the optimized program by making sure that patients remain in treatment and with viral suppression, reduce child transmission, improve our TB outcomes, and, of course, the extent to which we are committed to supporting Mozambique to address these challenges.

Even in today's difficult environment, we know that COVID can certainly erase all the gains that have been achieved in recent years and we will continue to adopt a program to ensure that HIV-positive clients use the drugs they need without any disruption and minimizing the risk to themselves in the health sector. This will require the continued expansion of patient-centered services, especially multi-month dispensing and distribution of ART outside of healthcare facilities for several months.

Therefore, we will also have to observe our cost very closely and I imagine that the rest of the world is in a very similar situation to Mozambique in relation to the Covid-19 pandemic. The global supply chain as a result of the development of COP 21 will be different from previous years and we at headquarters will try our best to simplify as much as we can, but it also means that simplification has the potential to make participation more difficult, so I really want to encourage everyone in this webinar today to proactively contact us and raise any issues they may have. Please do contact us during the planning process and make sure you are heard and we can try to answer any questions. I look forward to working with everyone personally and thank you Jacky for the opportunity to introduce myself".

Jacky: We now close the meeting and send the link to access today's meeting presentations on the embassy website. Tomorrow we will have a meeting at 10 to clarify some questions and civil society representatives will participate.

In this link you will find important reference documents from the entire planning and drafting process of COP 21 including guidelines, presentations, meeting agendas and other documents of interest to stakeholders and the public:

<https://mz.usembassy.gov/pt/our-relationship-pt/pepfar-us-presidents-emergency-plan-for-aids-relief-pt/country-operational-plan-pt/>